

Foster Family Home - Corrective Action Report

Provider ID: 1-576241

Home Name: Luz Agustin, CNA

Review ID: 1-576241-6

87-290 Mikana Street

Reviewer: David Ayling

Waianae HI 96792

Begin Date: 2/6/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 2/6/19. Corrective Action Report issued during home visit with all items due to CTA by 3/6/19.

6.(d)(1) - see applicable sections of the review

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1),(2) - HHM #5 turned 18 years old on 10/18/18. No APS/CAN and fingerprints done.

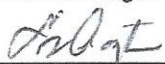
3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6) Fire - All SCG's has not lead a fire drill this past year.


Compliance Manager


Primary Care Giver

2/6/19
Date

2/6/19
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: LUZ S. AGUSTIN
CCFFH Address: 87-290 MIKANA ST.
WAIANAE HI 96792

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8(a)(1)(2)	I recieved a current APS/CAN AND finger print from HHMHS and placed in my CCFFH binder	2/15/19	I will have APS/CAN and finger prints done every time a HHM turns 15%.
(3P)(b)(6)	I have scheduled fire drills on 2/15/19 for the SCG's that haven't lead one I placed the forms for each one in my CCFFH binder	2/15/19	I have made a schedule for the whole year that includes all SCG's leading at least 1 fire drill.

Primary Caregiver's Signature: Luz Agustin

Print Name: LUZ S. AGUSTIN

Date of Signature: 2-19-19